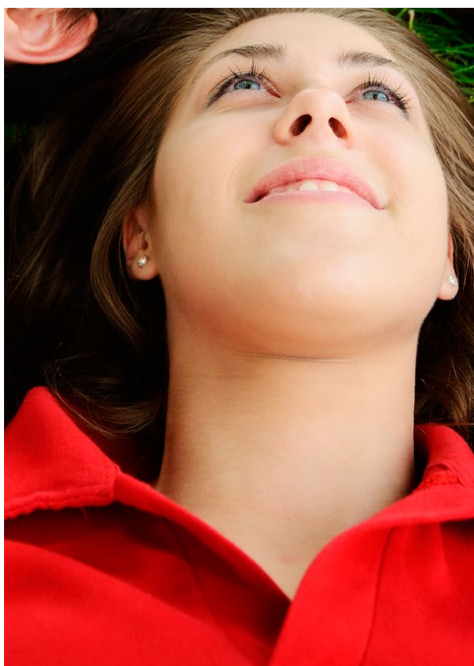


# Children and Young People Practice Research Network (CYP PRN):

A toolkit for collecting routine outcome measures

bacp

British Association for  
Counselling & Psychotherapy





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# 1. Introduction

A key benefit of being part of a Practice Research Network (PRN) is for practitioners and researchers to work collaboratively to collect and analyse data across services. This toolkit aims to provide counsellors working with children and young people with practical information on how to collect data using routine outcome measures and how to feed this data into the [BACP Children and Young People Practice Research Network \(CYP PRN\)](#) to help to evaluate services and develop the evidence base.

BACP have joined the [Child Outcomes Research Consortium \(CORG\)](#) which is a collaboration of researchers and mental health specialists. Membership of CORG allows us to gain support in the collection and analysis of routine outcome data, and the use of electronic software which can make it easier to collect outcomes information during therapy, for instance scoring questionnaires, providing information on clinical bands, and graphing progress.

## 1.1 Why collect routine outcome data?

Young services users have indicated that they want to collaborate in service development and see the use of feedback and outcome tools as an important aspect of this process (Young Minds – Talking about Talking Therapies, 2011).

The use of evaluation and outcome measures should be practiced in accordance with the [BACP Ethical Framework for the Counselling Professions](#). Outcome measures should be used as part of routine therapy, rather than as an adjunct to it; in a manner in which they are of benefit to each client and enrichment of each clinical engagement. BACP's Ethical Framework highlights the importance of using research to inform practice:

*"We value research and systematic inquiry by practitioners as enhancing our professional knowledge and providing an evidence-base for practice in ways that benefit our clients".*

The Framework also explains that *"all participants in research will do so on the basis of explicit informed consent"*.

Routine outcome measures support the therapeutic process by enabling the therapist and the client to monitor progress (Harmon et al., 2007; Lambert and Shimokawa, 2011; Simon et al., 2012), and can play an important role in measuring service quality and lead to improvements. An additional benefit is to provide evidence of the effectiveness of counselling and psychotherapy which has the potential to influence commissioners and policy-makers.

## 1.2 What kinds of questions can routine outcome data answer?

Routine outcome data can be used to answer questions regarding the effectiveness of an intervention. It is necessary to collect this type of data on a large scale and, collate the data, which can then be analysed using statistical methods to provide what is known as an 'effect size' for how effective the therapy has been. At a higher level, it is possible for this kind of data to be combined with other information such as the therapists' modality (eg. Humanistic, CBT, Psychodynamic etc.) and the clients' demographic information (eg. gender, age, ethnicity, presenting issues etc.) which can be analysed to help answer the question of 'what works for whom?'.

In 'real world' settings as opposed to being part of a randomised controlled trial, clients often do not complete all therapy outcome measures (Barkham et al., 2012), which poses a real challenge in being able to fully understand the effectiveness of an intervention, as typically those who do complete outcome measures may have better outcomes or have attended more sessions of counselling. Therefore, for data to be meaningful and valid, it is essential for as many clients as possible to complete both pre and post outcome measures.

## 1.3 Feedback from CYP PRN members on the use of routine outcome measures

We undertook a pilot study with a small number of CYP PRN members towards the end of 2012 with the aim of ensuring the approach we took to routine outcome monitoring was feasible and acceptable amongst the membership. This was a valuable pilot exercise which raised a variety of questions (see Appendix I) and this toolkit aims to provide answers to these questions and to provide practical guidance as to how to undertake routine outcome monitoring in a way that facilitates national analysis – a large number of clients across a large number of services increases the impact of the results compared to individual services measuring their own outcomes, and comparisons nationally enable individual services to reflect on their own outcomes.

## 2. How to collect data

It can be a relatively straightforward task to collect routine outcome data. All you need is to have a set of questionnaires, of which there are many, monitoring some form of progress in therapy. Then, there are some forms that you will ask the client to complete every session, ideally at the beginning although it is important that professional judgement is used as to if/when it is appropriate to ask a young person to complete these measures during a session. And then, at the very final session you ask the client to complete the same forms they completed in the first session.

e-Learning materials are available on the [MindEd e-portal](#) and additional resources can be found on the [CORC website](#)

### 2.1 Gaining informed consent from clients

Counsellors often at first feel reluctant to use questionnaires in therapy sessions, fearing that they may interfere with the therapeutic process or take valuable time away from the session. Experience from services across the UK however tells us that clients are generally much less reluctant and are happy to complete measures when asked. In fact, research has shown that young people enjoy completing the forms as it allows them to raise issues with their counsellor that they may not have otherwise known how to do (Cooper, 2004). However, it is necessary for clients to consent to completing measures in sessions and should a client refuse, this should in no way affect their therapy. It is also important to explain to clients what information is being collected and why and how the information will be used.

### 2.2 The need to collect measures every session

It is important to use at least one outcome measure every session to ensure that even in the case of unplanned endings there is a post-counselling measure for clients. A client may choose to no longer attend for a variety of reasons, and therefore not have a planned ending to their counselling. In this event it would be less likely that post-counselling outcome measures would be able to be completed.

Without a post-counselling measure clients cannot be included in any analysis of the data collected – reducing the validity of the results. In contrast, if outcomes are collected at every session then both start- and end- point measures for all clients can be guaranteed. Measures can be selected which are relatively brief and non-intrusive.





### 2.3 Which measures should I be using?

There are a vast number of different outcome measures to use, and detailed information is available on the [CYP PRN webpages](#). In order for data across services to be collated for central analysis, thus increasing the power and validity of the dataset, it is essential that there is some consistency across all services contributing to a dataset. As such, taking into consideration the most commonly used outcome measures used within children and young people services (as reported in the existing published research), here we are recommending the use of specific outcome measures to be used in combination as part of a minimum dataset. The measures selected here are broad ranging to accommodate a wide range of issues and are not disorder specific, therefore they are congruent with the more traditional values of counselling. However, if services wish to incorporate other measures or a qualitative aspect to their data collection, this is complementary to the outcome measures we are recommending, and we provide details on additional measures that may also be useful. In addition, a comprehensive report on a wide range of outcome measures for use with children and young people can be found on the [CYP PRN webpages](#).

**Unless stated otherwise** each of the measures outlined in this document is **free to use in paper form**, and is attached to this toolkit and can be photocopied to be used in sessions with clients. This toolkit provides explanation on how to use the measures in sessions and how to score and enter the data.

### 2.4 When should I be using each measure?

The ideal scenario for using each measure is demonstrated in Table 1. We would recommend that you use at least one session-by-session measure. If you are unable to use all of the outcome measures recommended we would still be interested in receiving your data, and we recommend that at a minimum you use the YP-CORE/CORE-10, SDQ and GBO.





**Table 1. When to use which measures**

	Minimum	Suggested optional measures
<b>First session</b>	Demographic form (Appendix 3) SDQ YP-CORE/CORE-10 Goal Based Outcomes	Revised Child Anxiety and Depression Scale (RCADS) Rosenberg Self-esteem Questionnaire (SEQ) CORS/ORS
<b>Every session</b>	YP-CORE/CORE-10 Goal Based Outcomes <b>NB: SDQ is not suitable for session by session monitoring</b>	CORS/ORS
<b>Final session</b>	SDQ (follow up version) YP-CORE/CORE-10 Goal Based Outcomes CHI-ESQ	RCADS Rosenberg Self-esteem Questionnaire (SEQ) CORS/ORS Satisfaction survey

**Some do's and don'ts of using clinical outcome tools (Law, 2012)**

<b>Do</b>	Make sure you have the questionnaires you need, ready before the session
	Always explain why you are asking anyone to fill out a questionnaire
	Look at the answers
	Discuss the answers with service users
	Share the information in supervision
	Always use information from outcomes in conjunction with other clinical information
<b>Don't</b>	Give out a questionnaire if you think the person doesn't understand why they are being asked to complete them
	Give out any outcome measure if you don't understand why you are using it
	Use the tools if the service user is too distressed
	See the numbers generated from outcome tools as an absolute fact
	See your clinical judgement as an absolute fact
	Coerce clients into completing measures if they don't want to
	Assume that clients will not want to complete measures without checking this out with them

### 3. Information about the measures

All of the recommended measures are either self-report forms, to be completed during the session by the young person or with assistance from the counsellor where literacy may be an issue or where the young person has a preference to complete the form with the counsellor, or to be completed by the parent/carer or teacher of the young person.

#### Recommended Minimum dataset

##### 3.1 Strengths and Difficulties Questionnaire (SDQ) (11–16 years) (Start and end)

The Self-Report Strengths and Difficulties Questionnaire (SDQ) is a widely-used and well-validated brief behavioural screening instrument for children and young people (aged 11 to 16), that can also be used to evaluate the efficacy of specific interventions (Goodman, 2001). Young people are asked to rate 25 items according to how they have been feeling over the previous six months (at assessment) and previous month (at follow-up).

The same 25 items are included in questionnaires for completion by the parents or teachers of 4–16 year olds (Goodman, 1997).

The follow-up versions of the SDQ include not only the 25 basic items and the impact question, but also two additional follow-up questions for use after an intervention. Has the intervention reduced problems? Has the intervention helped in other ways, e.g. making the problems more bearable? To increase the chance of detecting change, the follow-up versions of the SDQ ask about ‘the last month’, as opposed to ‘the last six months’, which is the reference period for the standard versions. Follow-up versions also omit the question about the chronicity of problems.

<http://www.sdqinfo.com/a0.html>

##### 3.2. Young Person’s – Clinical Outcomes for Routine Evaluation (YP-CORE) (11–16 years) (Every session)

The Young Person’s CORE is a 10-item self-report measure of emotional wellbeing for 11 to 16 year olds that has been shown to have acceptable psychometric properties and is sensitive to change (Twigg, Barkham, Bewick, Connell, & Cooper, 2009). Earlier versions of the YP-CORE measure have also been used widely in the evaluation of school-based counselling.

<http://www.coreims.co.uk/index.html>

##### 3.3 Clinical Outcomes for Routine Evaluation-10 (CORE-10) (16+ years) (Every session)

The CORE-10 is a 10-item self-report measure of psychological distress for adults and young people aged 16 years and over. It has been shown to be a valid and reliable measure of clinical change, and it has good correlations with other measures of anxiety, depression and general mental health (Connell & Barkham, 2007).  
<http://www.coreims.co.uk/index.html>

**NB: You should use either CORE-10 or YP-CORE (not both) with a young person depending on their age.**

##### 3.4 Goal Based Outcome (GBO) tool (0–18 years) (Every session)

Goal based outcomes (GBOs) are a way to evaluate progress towards a goal when working with children and young people. They simply compare how far a young person feels they have moved towards reaching a goal they set at the beginning of an intervention, to where they are at the end of an intervention. GBOs use a simple scale from 0–10 to capture the change. The outcome is simply the amount of movement along the scale from the start to the end of the intervention. The Goal Based Outcome tool provided in this toolkit can be used as a self-report form, or for completion by parents/carers.

Adapted from Law D. (2011) Goals and goal based outcomes: some useful information <http://www.corc.uk.net>

*‘Seeing where you wanted to be on the scale made you look forward to something. They were good, they helped me not to have to do everything at once. It helped me to stay on track.’*

(Service user’s feedback on using goal-based outcomes, Pender et al., 2013)

#### Optional measures

##### 3.5 Revised Children’s Anxiety and Depression Scale (RCADS) (8–18 years)

The Revised Child Anxiety and Depression Scale (RCADS) is a 47-item questionnaire with subscales including: separation anxiety disorder (SAD), social phobia (SP), generalised anxiety disorder (GAD), panic disorder (PD), obsessive compulsive disorder (OCD), and major depressive disorder (MDD). It also yields a Total Anxiety Scale (sum of the 5 anxiety subscales) and a Total Internalizing Scale (sum of all 6 subscales). Items are rated on a 4-point Likert-scale from 0 (“never”) to 3 (“always”).

This toolkit provides copies of both the [self-report measure](#) and the [parent/carer version](#) for initial use and for follow up.

Adapted from, the Revised Children’s Anxiety and Depression Scale User’s Guide. Prepared by Dara C. Weiss and Bruce F. Chorpita February 2, 2011

[www.childfirst.ucla.edu](http://www.childfirst.ucla.edu)

### 3.6 Rosenberg Self-Esteem Scale (SEQ)

The Rosenberg (1965) Self Esteem Scale comprises ten items that are rated on a four point scale from 'Strongly disagree' to 'Strongly agree'. It was originally developed for use with young people and has since been evaluated as a reliable and valid measure of self-esteem (Blascovich & Tomaka, 1993).

<http://www.yorku.ca/rokada/psycstest/rosenbrg.pdf>

### 3.7 Outcome Rating Scale (ORS) / Session Rating Scale (SRS) (13+ years)

#### Child Outcome Rating Scale (CORS) / Child Session Rating Scale (CSRS) (6–12 years)

**Do not photocopy the examples of these measures provided in this toolkit**, please download copies from [www.scotttdmiller.com/performance-metrics](http://www.scotttdmiller.com/performance-metrics) for the adult versions or from <http://heartandsoulofchange.com> for the child versions

These are session-by-session outcome measures part of a suite of measures, known as Partners for Change Outcome Management System (PCOMS). ORS and SRS are validated for use with young people over 12 years old (including adults), and can be used as a self-report measure or completed by parents/carers. CORS and CSRS are validated for use with children 6–12. There is also a Young Child Outcome Rating Scale (YCORS) and Young Child Session Rating Scale (YCSRS) designed for children under 6; it is purely descriptive and uses 'feelings faces' to rate well-being.

ORS and CORS are measures of psychological distress/wellbeing. Completed at the start of each session, clients rate themselves in 4 domains: 'personal' ('me' on CORS), 'interpersonal' ('family' on CORS), 'social' ('school' on CORS) and 'overall' ('everything' on CORS). Each domain is represented by a 10 cm line and the child/young person rates their wellbeing in each of these areas by making a mark on each line.

SRS/CSRS is a measure of the therapeutic alliance which clients complete at the end of each session. Four areas are rated with each represented by a 10 cm line as for ORS/CORS: 'relationship' ('listening' on CSRS), 'goals and topics' ('how important' on CSRS), 'approach or method' ('what we did' on CSRS) and 'overall'. The counsellor again scores the client's rating out of 40. Scores of 36 or lower must be followed up with a conversation with the client about what could change to make a more effective alliance 'fit'.

### 3.8 Satisfaction survey (CHI-ESQ)

The CHI-ESQ is a service satisfaction measure which is designed to be given at the end of therapy.

CHI-ESQ was developed by the Commission for Health Improvement (CHI) (Astride-Stirling, J., 2002, now the Care Quality Commission (CQC)).

The CHI-ESQ consists of 12 items and three freetext sections looking at what the respondent liked about the service, what they felt needed improving, and any other comments.

There are two versions of this measure, each of which can be used as a self-report measure or completed by parents/carers:

- Satisfaction survey (Chi-ESQ) (9–11 years)
- Satisfaction survey (Chi-ESQ) (12–18 years)

Adapted from the CORC website: [www.corc.uk.net](http://www.corc.uk.net)



## 4. Options for inputting data

There are three available options for you to choose from for entering data. Each one is slightly different and has its own benefits and challenges, but you need to choose the option which is best for you.

*What are the options?*

- i. COMMIT – a secure web-based platform for data collection and storage offered by MegaNexus (free use for BACP members until April 2017). All routine outcome data entered onto COMMIT will undergo an analysis by CORC to compare BACP data to the 'rest of CORC' (includes CAMHS and CYP IAPT). In addition, BACP will conduct an annual analysis of all data and make the report available to CYP PRN members.
- ii. Excel or SPSS data file – Excel is free to anyone who has Microsoft Office installed on their PC. Excel databases can be set up to record client data and undertake simple statistical analyses. SPSS (Statistical Package for the Social Sciences) is a statistical package which can undertake complex data analysis. Prices for SPSS start at £467 (excluding tax) for a fixed term license. **Note that confidential data held on Excel or SPSS files must comply with the Data Protection Act.**

For further information on each of these options and advice on setting up these systems to use, please contact [research@bacp.co.uk](mailto:research@bacp.co.uk). In addition, we will be able to offer you advice on how to analyse your own data.

Please note that only data entered onto COMMIT will undergo a central analysis by BACP.



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## 6. Appendix

### Appendix I: Overview of the findings from the pilot study

All members of the network at the time were contacted and asked if they would be interested in participating in a pilot study involving collecting routine outcomes. Thirty-eight members responded to this request, and from those six were selected, at random, to take part.

The six services were provided with instructions, an Excel file for inputting data, copies of the measures, a client information sheet and consent form. They were asked to use the YP-CORE, SDQ and Goal-based Outcome tool (GBO) with all clients between September and December 2012. All three measures were to be completed in the first session, and the final session, with the YP-CORE and the GBO tool to be completed at every session.

Towards the end of the pilot each of the six members were contacted to take part in a brief interview about their experiences, and four were able to participate in these interviews.

All four members felt that routine outcome monitoring was important and essential, however there were concerns around the practicalities of undertaking this as part of routine practice. Key questions arose around:

- Why is it necessary to collect outcomes session-by-session?
- Why is the goal form useful?
- Can we incorporate a qualitative aspect into the data collection?
- Which young people should be asked to complete routine outcome measures?
- How do young people feel about being measured?
- Will BACP be providing further guidance and/or workshops?
- When in the session should forms be completed?
- What can services do with data they already collect?
- Are we interested in data from community-based services?



## Appendix II: Client information sheet and consent form

To understand more about counselling helping young people we are asking you to complete some short questionnaires during your counselling sessions. These questionnaires will not be seen by anyone in your school or your parents or friends.

The consent form with your name on it will be stored separately to your questionnaires which will not have your name on them.

Your answers to the questionnaires will be sent to researchers who will not be told your name, and the answers you provide will be combined with answers from other young people who are attending counselling services across the country.

These combined answers may be used to write research papers for books and journals, but anyone who reads these papers will never have any idea of who you are.

I understand that:

- I don't have to complete the forms.
- If I do agree to complete the forms, I can stop taking part at any time without having to say why.
- After completing the forms, I can ask for the answers that I have given to be withdrawn from any further use.
- All the information I give will be treated with the utmost confidentiality and my anonymity will be respected at all times.
- Anonymised data may be kept for an unlimited period and used for future research projects, unless I ask for it to be withdrawn.

I consent for information I provide to be used in future research projects:

Name: ..... Date: .....

## Appendix III: Client demographic information

Please note: if using Commit the demographic information collected is slightly different to that outlined below, please complete as enabled on the system alongside the 'problem description' questionnaire – see the Commit guidance document for further information.

<b>1. How old are you?</b>	5		13	
	6		14	
	7		15	
	8		16	
	9		17	
	10		18	
	11		19	
	12			
<b>2. Which school year are you in?</b>	1		8	
	2		9	
	3		10	
	4		11	
	5		12	
	6		13	
	7			
<b>3. What is your gender?</b>	Male		Female	
<b>4. What is your ethnicity?</b>	White British		Asian or Asian British Pakistani	
	Black or Black British Caribbean		Mixed White & Asian	
	White Irish		Asian or Asian British Bangladeshi	
	Black or Black British African		Any other Mixed Background	
	Mixed White & Black Caribbean		(please state below)	
	Asian or Asian British Indian			
	Any other Ethnic group, please specify			

## Appendix IV: Presenting issues (tick all that apply)

Abuse		Health	
Alcohol		Parenting issues	
Anxiety/Stress		Parents splitting up	
Anger		Relationship - family	
Behaviour problems		Relationship Boyfriend/Girlfriend	
Bereavement/Loss		Relationship issues	
Bullying		School/academic	
Child protection issue		Self and identity	
Communication		Self esteem	
Conflict		Self-harm	
Depression		Sex	
Domestic abuse		Social networking	
Drugs		Step parent	
Family issues		Traumatic incident	
Friendships		Other (please specify)	

## Appendix V: Copies of the measures

### Information regarding copyright where applicable

#### YP-CORE/CORE-10

The YP-CORE/CORE-10 forms and manuals may be copied and used by an organisation or individual without payment of any copyright fee on condition that:

- the forms are not altered or changed in any way
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- reproduction is not for commercial gain

#### SDQ

The Strengths and Difficulties Questionnaires, whether in English or in translation, are copyrighted documents that may not be modified in any way. Paper versions may be downloaded and subsequently photocopied without charge by individuals or non-profit organisations provided they are not making any charge to families. No one except [youthinmind](#) is authorised to create or distribute electronic versions for any purpose.

#### Outcome rating scale (ORS)/session rating scale (SRS) and child outcome rating scale (CORS) and child session rating scale (CSRS)

These measures are freely available for individual use, and licenced for use by CORC members – of which BACP is. **Do not photocopy the measures in this toolkit** – please download from [www.scottdmiller.com/performance-metrics](http://www.scottdmiller.com/performance-metrics)



# Self-report measures

## Strengths and Difficulties Questionnaire

S 11-16

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain or the item seems daft! Please give your answers on the basis of how things have been for you over the last six months.

Male/Female

	Not True	Somewhat True	Certainly True
I try to be nice to other people. I care about their feelings			
I am restless, I cannot stay still for long			
I get a lot of headaches, stomach-aches or sickness			
I usually share with others (food, games, pens etc.)			
I get very angry and often lose my temper			
I am usually on my own. I generally play alone or keep to myself			
I usually do as I am told			
I worry a lot			
I am helpful if someone is hurt, upset or feeling ill			
I am constantly fidgeting or squirming			
I have one good friend or more			
I fight a lot. I can make other people do what I want			
I am often unhappy, down-hearted or tearful			
Other people my age generally like me			
I am easily distracted, I find it difficult to concentrate			
I am nervous in new situations. I easily lose confidence			
I am kind to younger children			
I am often accused of lying or cheating			
Other children or young people pick on me or bully me			
I often volunteer to help others (parents, teachers, children)			
I think before I do things			
I take things that are not mine from home, school or elsewhere			
I get on better with adults than with people my own age			
I have many fears, I am easily scared			
I finish the work I'm doing. My attention is good			

Do you have any other comments or concerns?

**Please turn over - there are a few more questions on the other side**

Overall, do you think that you have difficulties in one or more of the following areas:  
emotions, concentration, behaviour or being able to get on with other people?

No	Yes- minor difficulties	Yes- definite difficulties	Yes- severe difficulties
----	-------------------------------	----------------------------------	--------------------------------

If you have answered "Yes", please answer the following questions about these difficulties:

! How long have these difficulties been present?

Less than a month	1-5 months	6-12 months	Over a year
----------------------	---------------	----------------	----------------

! Do the difficulties upset or distress you?

Not at all	Only a little	Quite a lot	A great deal
---------------	------------------	----------------	-----------------

! Do the difficulties interfere with your everyday life in the following areas?

Not at all	Only a little	Quite a lot	A great deal
---------------	------------------	----------------	-----------------

HOME LIFE

FRIENDSHIPS

CLASSROOM LEARNING

LEISURE ACTIVITIES

! Do the difficulties make it harder for those around you (family, friends, teachers, etc.)?

Not at all	Only a little	Quite a lot	A great deal
---------------	------------------	----------------	-----------------

**Thank you very much for your help**

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# Strengths and Difficulties Questionnaire

**S11-17**  
**FOLLOW-UP**

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain or the item seems daft! Please give your answers on the basis of how things have been for you **over the last month**.

Your Name .....

Male/Female

Date of Birth.....

	Not True	Somewhat True	Certainly True
I try to be nice to other people. I care about their feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am restless, I cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get a lot of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I usually share with others (food, games, pens etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get very angry and often lose my temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am usually on my own. I generally play alone or keep to myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I usually do as I am told	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I worry a lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have one good friend or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I fight a lot. I can make other people do what I want	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am often unhappy, down-hearted or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other people my age generally like me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am easily distracted, I find it difficult to concentrate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am nervous in new situations. I easily lose confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am often accused of lying or cheating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other children or young people pick on me or bully me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I often volunteer to help others (parents, teachers, children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think before I do things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I take things that are not mine from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get on better with adults than with people my own age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have many fears, I am easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I finish the work I'm doing. My attention is good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any other comments or concerns?

**Please turn over - there are a few more questions on the other side**

Since coming to the clinic, are your problems:

Much worse	A bit worse	About the same	A bit better	Much better
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has coming to the clinic been helpful in other ways, e.g. providing information or making the problems more bearable?

Not at all	Only a little	Quite a lot	A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Over the last month, have you had difficulties in one or more of the following areas: emotions, concentration, behaviour or being able to get on with other people?

No	Yes-minor difficulties	Yes-definite difficulties	Yes-severe difficulties
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered "Yes", please answer the following questions about these difficulties:

- Do the difficulties upset or distress you?

Not at all	Only a little	Quite a lot	A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Do the difficulties interfere with your everyday life in the following areas?

	Not at all	Only a little	Quite a lot	A great deal
HOME LIFE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FRIENDSHIPS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLASSROOM LEARNING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LEISURE ACTIVITIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Do your difficulties make it harder for those around you (family, friends, teachers etc.)?

Not at all	Only a little	Quite a lot	A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Your signature .....

Today's date .....

**Thank you very much for your help**

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# CLINICAL OUTCOMES in ROUTINE EVALUATION

## YP-CORE Beta version

Assistance given? ☐  
(If yes, please tick)

Site ID	<input type="text"/>	Male	<input type="checkbox"/>
Client ID	<input type="text"/>	Female	<input type="checkbox"/>
Therapist ID	<input type="text"/>	Age	<input type="text"/>
Subcodes	<input type="text"/>	Stage Completed	Stage
Date form given	<input type="text"/>	S Screening	<input type="text"/>
	<input type="text"/>	R Referral	<input type="text"/>
	<input type="text"/>	A Assessment	<input type="text"/>
	<input type="text"/>	F First Therapy Session	<input type="text"/>
	<input type="text"/>	P Pre-therapy (unspecified)	<input type="text"/>
	<input type="text"/>	D During Therapy	<input type="text"/>
	<input type="text"/>	L Last Therapy Session	<input type="text"/>
	<input type="text"/>	X Follow up 1	<input type="text"/>
	<input type="text"/>	Y Follow up 2	<input type="text"/>

These questions are about how you have been feeling **OVER THE LAST WEEK**.  
Please read each question carefully. Think about how often you have felt like that in  
the last week and then put a cross in the box you think fits best.  
*Please use a dark pen (not pencil) and mark clearly within the boxes.*

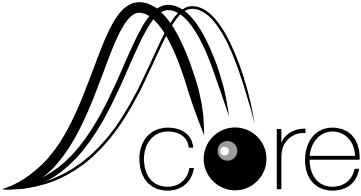
### OVER THE LAST WEEK.....

- I've felt edgy or nervous
- I haven't felt like talking to anyone
- I've felt able to cope when things go wrong
- I've thought of hurting myself
- There's been someone I felt able to ask for help
- My thoughts and feelings distressed me
- My problems have felt too much for me
- It's been hard to go to sleep or stay asleep
- I've felt unhappy
- I've done all the things I wanted to

Not at all	Only occasionally	Sometimes	Often	Most or all of the time
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0

Thank you for answering these questions





**Site ID**

letters only    numbers only

**Client ID**

Therapist ID    numbers only (1)    numbers only (2)

**Sub codes**

D   D    M   M    Y   Y   Y   Y

**Date form given**

**Age**

**Stage Completed**

S Screening  
R Referral  
A Assessment  
F First Therapy Session  
P Pre-therapy (unspecified)  
D During Therapy  
L Last Therapy Session  
X Follow up 1  
Y Follow up 2

**Male** ☐

**Female** ☐

**Stage**

**Episode**

### IMPORTANT - PLEASE READ THIS FIRST

This form has 10 statements about how you have been OVER THE LAST WEEK.

Please read each statement and think how often you felt that way last week.

Then tick the box which is closest to this.

*Please use a dark pen (not pencil) and tick clearly within the boxes.*

## Over the last week

	Not at all	Only Occasionally	Sometimes	Often	Most or all the time
1 I have felt tense, anxious or nervous	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
2 I have felt I have someone to turn to for support when needed	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
3 I have felt able to cope when things go wrong	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
4 Talking to people has felt too much for me	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
5 I have felt panic or terror	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
6 I made plans to end my life	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
7 I have had difficulty getting to sleep or staying asleep	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
8 I have felt despairing or hopeless	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
9 I have felt unhappy	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
10 Unwanted images or memories have been distressing me	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**Total (Clinical Score\*)**

\* **Procedure:** Add together the item scores, then divide by the number of questions completed to get the mean score, then multiply by 10 to get the Clinical Score.

**Quick method for the CORE-10 (if all items completed):** Add together the item scores to get the Clinical Score.

**THANK YOU FOR YOUR TIME IN COMPLETING THIS QUESTIONNAIRE**

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# Goal-based Outcomes Record Sheets

In coming to this service, what are some of the problems you want help with or goals you want to get to?  
(List up to three goals)

Goal Number	Goal Description
1	
2	
3	

If you have any other goals, please list them here.

Clinic ID.....

Date.....

Completed by child/young person / parent/carer / other (please specify).....

Developed by:

Hertfordshire Partnership NHS Foundation Trust



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# How close are you to the goals you want to get to?

On a scale from zero to ten, please circle the number below that best describes how close you are to reaching your goal today. Remember: zero is as far away from your goal as you have ever been, and ten is having reached your goal completely.

## Your first goal is:

(Enter brief description of goal and goal number as recorded on the Goal Setting Record Form)

.....

.....

Half way to reaching  
this goal

Goal not at all met    0    1    2    3    4    5    6    7    8    9    10    Goal reached

## Your second goal is:

(Enter brief description of goal and goal number as recorded on the Goal Setting Record Form)

.....

.....

Half way to reaching  
this goal

Goal not at all met    0    1    2    3    4    5    6    7    8    9    10    Goal reached

## Your third goal is:

(Enter brief description of goal and goal number as recorded on the Goal Setting Record Form)

.....

.....

Half way to reaching  
this goal

Goal not at all met    0    1    2    3    4    5    6    7    8    9    10    Goal reached

Clinic ID.....

Date.....

Completed by child/young person / parent/carer / other (please specify).....

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Date: \_\_\_\_\_

Name/ID: \_\_\_\_\_

## RCADS

Please put a circle around the word that shows how often each of these things happen to you. There are no right or wrong answers.

1. I worry about things .....	Never	Sometimes	Often	Always
2. I feel sad or empty .....	Never	Sometimes	Often	Always
3. When I have a problem, I get a funny feeling in my stomach .....	Never	Sometimes	Often	Always
4. I worry when I think I have done poorly at something .....	Never	Sometimes	Often	Always
5. I would feel afraid of being on my own at home	Never	Sometimes	Often	Always
6. Nothing is much fun anymore .....	Never	Sometimes	Often	Always
7. I feel scared when I have to take a test .....	Never	Sometimes	Often	Always
8. I feel worried when I think someone is angry with me .....	Never	Sometimes	Often	Always
9. I worry about being away from my parents ....	Never	Sometimes	Often	Always
10. I get bothered by bad or silly thoughts or pictures in my mind .....	Never	Sometimes	Often	Always
11. I have trouble sleeping .....	Never	Sometimes	Often	Always
12. I worry that I will do badly at my school work ..	Never	Sometimes	Often	Always
13. I worry that something awful will happen to someone in my family .....	Never	Sometimes	Often	Always
14. I suddenly feel as if I can't breathe when there is no reason for this .....	Never	Sometimes	Often	Always
15. I have problems with my appetite .....	Never	Sometimes	Often	Always
16. I have to keep checking that I have done things right (like the switch is off, or the door is locked) . .....	Never	Sometimes	Often	Always
17. I feel scared if I have to sleep on my own. ....	Never	Sometimes	Often	Always
18. I have trouble going to school in the mornings because I feel nervous or afraid .....	Never	Sometimes	Often	Always
19. I have no energy for things .....	Never	Sometimes	Often	Always
20. I worry I might look foolish .....	Never	Sometimes	Often	Always
21. I am tired a lot .....	Never	Sometimes	Often	Always
22. I worry that bad things will happen to me ....	Never	Sometimes	Often	Always

23. I can't seem to get bad or silly thoughts out of my head. ....	Never	Sometimes	Often	Always
24. When I have a problem, my heart beats really fast ....	Never	Sometimes	Often	Always
25. I cannot think clearly ....	Never	Sometimes	Often	Always
26. I suddenly start to tremble or shake when there is no reason for this ....	Never	Sometimes	Often	Always
27. I worry that something bad will happen to me ..	Never	Sometimes	Often	Always
28. When I have a problem, I feel shaky ....	Never	Sometimes	Often	Always
29. I feel worthless ....	Never	Sometimes	Often	Always
30. I worry about making mistakes ....	Never	Sometimes	Often	Always
31. I have to think of special thoughts (like numbers or words) to stop bad things from happening. . .	Never	Sometimes	Often	Always
32. I worry what other people think of me ....	Never	Sometimes	Often	Always
33. I am afraid of being in crowded places (like shopping centers, the movies, buses, busy playgrounds) ....	Never	Sometimes	Often	Always
34. All of a sudden I feel really scared for no reason at all ....	Never	Sometimes	Often	Always
35. I worry about what is going to happen ....	Never	Sometimes	Often	Always
36. I suddenly become dizzy or faint when there is no reason for this ....	Never	Sometimes	Often	Always
37. I think about death ....	Never	Sometimes	Often	Always
38. I feel afraid if I have to talk in front of my class	Never	Sometimes	Often	Always
39. My heart suddenly starts to beat too quickly for no reason ....	Never	Sometimes	Often	Always
40. I feel like I don't want to move ....	Never	Sometimes	Often	Always
41. I worry that I will suddenly get a scared feeling when there is nothing to be afraid of ....	Never	Sometimes	Often	Always
42. I have to do some things over and over again (like washing my hands, cleaning or putting things in a certain order) ....	Never	Sometimes	Often	Always
43. I feel afraid that I will make a fool of myself in front of people ....	Never	Sometimes	Often	Always
44. I have to do some things in just the right way to stop bad things from happening ....	Never	Sometimes	Often	Always
45. I worry when I go to bed at night ....	Never	Sometimes	Often	Always
46. I would feel scared if I had to stay away from home overnight ....	Never	Sometimes	Often	Always
47. I feel restless ....	Never	Sometimes	Often	Always



## Rosenberg Self-Esteem Scale (Rosenberg, 1965)

The scale is a ten item Likert scale with items answered on a four point scale - from strongly agree to strongly disagree. The original sample for which the scale was developed consisted of 5,024 High School Juniors and Seniors from 10 randomly selected schools in New York State.

Instructions: Below is a list of statements dealing with your general feelings about yourself. If you strongly agree, circle **SA**. If you agree with the statement, circle **A**. If you disagree, circle **D**. If you strongly disagree, circle **SD**.

1.	On the whole, I am satisfied with myself.	SA	A	D	SD
2.*	At times, I think I am no good at all.	SA	A	D	SD
3.	I feel that I have a number of good qualities.	SA	A	D	SD
4.	I am able to do things as well as most other people.	SA	A	D	SD
5.*	I feel I do not have much to be proud of.	SA	A	D	SD
6.*	I certainly feel useless at times.	SA	A	D	SD
7.	I feel that I'm a person of worth, at least on an equal plane with others.	SA	A	D	SD
8.*	I wish I could have more respect for myself.	SA	A	D	SD
9.*	All in all, I am inclined to feel that I am a failure.	SA	A	D	SD
10.	I take a positive attitude toward myself.	SA	A	D	SD

Scoring: SA=3, A=2, D=1, SD=0. Items with an asterisk are reverse scored, that is, SA=0, A=1, D=2, SD=3. Sum the scores for the 10 items. The higher the score, the higher the self esteem.

The scale may be used without explicit permission. The author's family, however, would like to be kept informed of its use:

The Morris Rosenberg Foundation  
c/o Department of Sociology  
University of Maryland  
2112 Art/Soc Building  
College Park, MD 20742-1315

## References

References with further characteristics of the scale:

Crandal, R. (1973). The measurement of self-esteem and related constructs, Pp. 80-82 in J.P. Robinson & P.R. Shaver (Eds), **Measures of social psychological attitudes. Revised edition**. Ann Arbor: ISR.

## Outcome Rating Scale (ORS)

Name \_\_\_\_\_ Age (Yrs): \_\_\_\_\_ Gender \_\_\_\_\_  
Session # \_\_\_\_\_ Date: \_\_\_\_\_  
Who is filling out this form? Please check one: Self \_\_\_\_\_ Other \_\_\_\_\_  
If other, what is your relationship to this person? \_\_\_\_\_

Looking back over the last week, including today, help us understand how you have been feeling by rating how well you have been doing in the following areas of your life, where marks to the left represent low levels and marks to the right indicate high levels. *If you are filling out this form for another person, please fill out according to how you think he or she is doing.*

**ATTENTION CLINICIAN: TO INSURE SCORING ACCURACY PRINT OUT THE MEASURE TO INSURE THE ITEM LINES ARE 10 CM IN LENGTH. ALTER THE FORM UNTIL THE LINES PRINT THE CORRECT LENGTH. THEN ERASE THIS MESSAGE.**

**Individually**  
(Personal well-being)

I-----I

**Interpersonally**  
(Family, close relationships)

I-----I

**Socially**  
(Work, school, friendships)

I-----I

**Overall**  
(General sense of well-being)

I-----I

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## Session Rating Scale (SRS V.3.0)

Name _____	Age (Yrs): _____
ID# _____	Gender: _____
Session # _____	Date: _____

Please rate today's session by placing a mark on the line nearest to the description that best fits your experience.

### Relationship

I did not feel heard,  
understood, and  
respected.

I-----I

I felt heard,  
understood, and  
respected.

### Goals and Topics

We did *not* work on or  
talk about what I  
wanted to work on and  
talk about.

I-----I

We worked on and  
talked about what I  
wanted to work on and  
talk about.

### Approach or Method

The therapist's  
approach is not a good  
fit for me.

I-----I

The therapist's  
approach is a good fit  
for me.

### Overall

There was something  
missing in the session  
today.

I-----I

Overall, today's  
session was right for  
me.

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<http://heartandsoulofchange.com>

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## Child Outcome Rating Scale (CORS)

Name \_\_\_\_\_ Age (Yrs): \_\_\_\_\_  
Gender: \_\_\_\_\_  
Session # \_\_\_\_\_ Date: \_\_\_\_\_  
Who is filling out this form? Please check one: Child \_\_\_\_\_ Caretaker \_\_\_\_\_  
If caretaker, what is your relationship to this child? \_\_\_\_\_

How are you doing? How are things going in your life? Please make a mark on the scale to let us know. The closer to the smiley face, the better things are. The closer to the frowny face, things are not so good. *If you are a caretaker filling out this form, please fill out according to how you think the child is doing.*

### Me

(How am I doing?)

I-----I



### Family

(How are things in my family?)

I-----I



### School

(How am I doing at school?)

I-----I



### Everything

(How is everything going?)

I-----I



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## Child Session Rating Scale (CSRS)

Name \_\_\_\_\_ Age (Yrs): \_\_\_\_\_  
Gender: \_\_\_\_\_  
Session # \_\_\_\_\_ Date: \_\_\_\_\_

How was our time together today? Please put a mark on the lines below to let us know how you feel.

### Listening

\_\_\_\_\_ I  
did not always  
listen to me.



\_\_\_\_\_ I  
listened to me.

### How Important

\_\_\_\_\_ I  
What we did and  
talked about was not  
really that important  
to me.



\_\_\_\_\_ I  
What we did and  
talked about were  
important to me.

### What We Did

\_\_\_\_\_ I  
I did not like  
what we did  
today.



\_\_\_\_\_ I  
I liked what  
we did  
today.

### Overall

\_\_\_\_\_ I  
I wish we could do  
something different.



\_\_\_\_\_ I  
I hope we do the  
same kind of  
things next time.

International Center for Clinical Excellence

[www.scottdmiller.com](http://www.scottdmiller.com)

<http://heartandsoulofchange.com>

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# EXPERIENCE OF SERVICE QUESTIONNAIRE

Day services (9-11)

What do you think about coming to this service or clinic.

For each item, please circle the answer that is closest to what **you** think

Did the people who saw you listen to you?	 Yes	 Only a little	 Not really	? Don't Know	1
Was it easy to talk to the people who saw you?	 Yes	 Only a little	 Not really	? Don't Know	2
How were you treated by the people who saw you?	 Very well	 Ok	 Not very well	? Don't Know	3
Were your views and worries were taken seriously?	 Yes	 Only a little	 Not really	? Don't Know	4
Do you feel that the people here know how to help you?	 Yes	 A little	 Not really	? Don't Know	5
Were you given enough explanation about the help available here?	 Yes	 Only a little	 Not really	? Don't Know	6
Do you feel that the people here are working together to help you?	 Yes	 Only a little	 Not really	? Don't Know	7
The facilities here (like the waiting area) are	 Comfortable	 Ok	 Uncomfortable	? Don't Know	8
The time of my appointments was	 Convenient	 Ok	 Not convenient	? Don't Know	9
The place where I had my appointments was	 Easy to get to	 Ok to get to	 Hard to get to	? Don't Know	10
If a friend needed this sort of help, do you think they should come here?	 Yes	 Maybe	 Not really	? Don't Know	11
Has the help you got here been good?	 Yes	 Only a little	 Not really	? Don't Know	12

NOW TURN OVER...

What was really good about your care?

13

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Was there anything you didn't like or anything that needs improving?

14

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Is there anything else you want to tell us about the service you received?

15

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I am \_\_\_\_\_ years old

I am a: Girl ☐ Boy ☐

I consider myself: White ☐ Black or Black British ☐ Asian or Asian British ☐

Mixed ☐ Other ☐

Are you registered disabled (e.g. hearing impaired)? No ☐ Yes ☐

THANKS FOR HELPING US

Now place this form in the envelope provided and put it in the box marked CHI in the reception

For administration purposes

Trust: \_\_\_\_\_

Service: \_\_\_\_\_ Code: \_\_\_\_\_

Tier: \_\_\_\_\_ DB No: \_\_\_\_\_

## EXPERIENCE OF SERVICE QUESTIONNAIRE

Day services (12-18)

Please think about the appointments you have had at this service or clinic.

For each item, please tick the circle that best describes what you think or feel (e.g. ☒)

	Certainly True	Partly True	Not True	Don't know	
I feel that the people who saw me listened to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	?	1
It was easy to talk to the people who saw me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	?	2
I was treated well by the people who saw me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	?	3
My views and worries were taken seriously	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	?	4
I feel the people here know how to help me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	?	5
I have been given enough explanation about the help available here	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	?	6
I feel that the people who have seen me are working together to help me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	?	7
The facilities here are comfortable (e.g. waiting area)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	?	8
My appointments are usually at a convenient time (e.g. don't interfere with school, clubs, college, work)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	?	9
It is quite easy to get to the place where I have my appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	?	10
If a friend needed this sort of help, I would suggest to them to come here	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	?	11
Overall, the help I have received here is good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	?	12

PLEASE TURN OVER...

What was really good about your care?

13

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Was there anything you didn't like or anything that needs improving?

14

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Is there anything else you want to tell us about the service you received?

15

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I am _____ years old	I am:	Female <input type="checkbox"/>	Male <input type="checkbox"/>
I consider myself:	White <input type="checkbox"/>	Black or Black British <input type="checkbox"/>	Asian or Asian British <input type="checkbox"/>
	Mixed <input type="checkbox"/>	Other <input type="checkbox"/>	
Are you registered disabled (e.g. hearing impaired)?		No <input type="checkbox"/>	Yes <input type="checkbox"/>

If you don't want to take part, please tick this box ☐ and return the blank questionnaire in the envelope provided.

**THANK YOU FOR YOUR HELP**

Now place this form in the envelope provided and put it in the box marked CHI in the reception

**For administration purposes**

Trust: \_\_\_\_\_

Service: \_\_\_\_\_ Code: \_\_\_\_\_

Tier: \_\_\_\_\_ DB No: \_\_\_\_\_

# Parent/Carer measures



## Strengths and Difficulties Questionnaire

P 4-16

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain or the item seems daft! Please give your answers on the basis of the child's behaviour over the last six months.

Child's Name .....

Male/Female

Date of Birth.....

	Not True	Somewhat True	Certainly True
Considerate of other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restless, overactive, cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often complains of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares readily with other children (treats, toys, pencils etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often has temper tantrums or hot tempers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rather solitary, tends to play alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally obedient, usually does what adults request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many worries, often seems worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has at least one good friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often fights with other children or bullies them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often unhappy, down-hearted or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally liked by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easily distracted, concentration wanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nervous or clingy in new situations, easily loses confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often lies or cheats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Picked on or bullied by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often volunteers to help others (parents, teachers, other children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thinks things out before acting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steals from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gets on better with adults than with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many fears, easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sees tasks through to the end, good attention span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any other comments or concerns?

**Please turn over - there are a few more questions on the other side**

Overall, do you think that your child has difficulties in one or more of the following areas: emotions, concentration, behaviour or being able to get on with other people?

No	Yes- minor difficulties	Yes- definite difficulties	Yes- severe difficulties
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered "Yes", please answer the following questions about these difficulties:

- How long have these difficulties been present?

Less than a month	1-5 months	6-12 months	Over a year
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Do the difficulties upset or distress your child?

Not at all	Only a little	Quite a lot	A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Do the difficulties interfere with your child's everyday life in the following areas?

	Not at all	Only a little	Quite a lot	A great deal
HOME LIFE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FRIENDSHIPS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLASSROOM LEARNING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LEISURE ACTIVITIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Do the difficulties put a burden on you or the family as a whole?

Not at all	Only a little	Quite a lot	A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature .....

Date .....

Mother/Father/Other (please specify:)

**Thank you very much for your help**

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## Strengths and Difficulties Questionnaire

**P4-16**  
**FOLLOW-UP**

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain or the item seems daft! Please give your answers on the basis of your child's behaviour **over the last month**.

Child's Name .....

Male/Female

Date of Birth.....

	Not True	Somewhat True	Certainly True
Considerate of other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restless, overactive, cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often complains of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares readily with other children (treats, toys, pencils etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often has temper tantrums or hot tempers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rather solitary, tends to play alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally obedient, usually does what adults request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many worries, often seems worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has at least one good friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often fights with other children or bullies them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often unhappy, down-hearted or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally liked by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easily distracted, concentration wanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nervous or clingy in new situations, easily loses confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often lies or cheats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Picked on or bullied by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often volunteers to help others (parents, teachers, other children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thinks things out before acting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steals from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gets on better with adults than with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many fears, easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sees tasks through to the end, good attention span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any other comments or concerns?

**Please turn over - there are a few more questions on the other side**

Since coming to the clinic, are your child's problems:

Much worse	A bit worse	About the same	A bit better	Much better
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has coming to the clinic been helpful in other ways, e.g. providing information or making the problems more bearable?

Not at all	Only a little	Quite a lot	A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Over the last month, has your child had difficulties in one or more of the following areas: emotions, concentration, behaviour or being able to get on with other people?

No	Yes-minor difficulties	Yes-definite difficulties	Yes-severe difficulties
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered "Yes", please answer the following questions about these difficulties:

- Do the difficulties upset or distress your child?

Not at all	Only a little	Quite a lot	A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Do the difficulties interfere with your child's everyday life in the following areas?

	Not at all	Only a little	Quite a lot	A great deal
HOME LIFE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FRIENDSHIPS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLASSROOM LEARNING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LEISURE ACTIVITIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Do the difficulties put a burden on you or the family as a whole?

Not at all	Only a little	Quite a lot	A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature .....

Date .....

Mother/Father/Other (please specify:)

**Thank you very much for your help**

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Date: \_\_\_\_\_

# RCADS-P

Name/ID: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Please put a circle around the word that shows how often each of these things happens for your child.

1. My child worries about things	Never	Sometimes	Often	Always
2. My child feels sad or empty	Never	Sometimes	Often	Always
3. When my child has a problem, he/she gets a funny feeling in his/her stomach	Never	Sometimes	Often	Always
4. My child worries when he/she thinks he/she has done poorly at something	Never	Sometimes	Often	Always
5. My child feels afraid of being alone at home	Never	Sometimes	Often	Always
6. Nothing is much fun for my child anymore	Never	Sometimes	Often	Always
7. My child feels scared when taking a test	Never	Sometimes	Often	Always
8. My child worries when he/she thinks someone is angry with him/her.	Never	Sometimes	Often	Always
9. My child worries about being away from me	Never	Sometimes	Often	Always
10. My child is bothered by bad or silly thoughts or pictures in his/her mind	Never	Sometimes	Often	Always
11. My child has trouble sleeping	Never	Sometimes	Often	Always
12. My child worries about doing badly at school work	Never	Sometimes	Often	Always
13. My child worries that something awful will happen to someone in the family	Never	Sometimes	Often	Always
14. My child suddenly feels as if he/she can't breathe when there is no reason for this.	Never	Sometimes	Often	Always
15. My child has problems with his/her appetite	Never	Sometimes	Often	Always
16. My child has to keep checking that he/she has done things right (like the switch is off, or the door is locked)	Never	Sometimes	Often	Always
17. My child feels scared to sleep on his/her own	Never	Sometimes	Often	Always
18. My child has trouble going to school in the mornings because of feeling nervous or afraid.	Never	Sometimes	Often	Always
19. My child has no energy for things	Never	Sometimes	Often	Always
20. My child worries about looking foolish	Never	Sometimes	Often	Always
21. My child is tired a lot	Never	Sometimes	Often	Always
22. My child worries that bad things will happen to him/her	Never	Sometimes	Often	Always
23. My child can't seem to get bad or silly thoughts out of his/her head.	Never	Sometimes	Often	Always

24. When my child has a problem, his/her heart beats really fast	Never	Sometimes	Often	Always
25. My child cannot think clearly	Never	Sometimes	Often	Always
26. My child suddenly starts to tremble or shake when there is no reason for this	Never	Sometimes	Often	Always
27. My child worries that something bad will happen to him/her	Never	Sometimes	Often	Always
28. When My child has a problem, he/she feels shaky	Never	Sometimes	Often	Always
29. My child feels worthless	Never	Sometimes	Often	Always
30. My child worries about making mistakes	Never	Sometimes	Often	Always
31. My child has to think of special thoughts (like numbers or words) to stop bad things from happening	Never	Sometimes	Often	Always
32. My child worries what other people think of him/her	Never	Sometimes	Often	Always
33. My child is afraid of being in crowded places (like shopping centers, the movies, buses, busy playgrounds)	Never	Sometimes	Often	Always
34. All of a sudden my child will feel really scared for no reason at all	Never	Sometimes	Often	Always
35. My child worries about what is going to happen	Never	Sometimes	Often	Always
36. My child suddenly becomes dizzy or faint when there is no reason for this	Never	Sometimes	Often	Always
37. My child thinks about death	Never	Sometimes	Often	Always
38. My child feels afraid if he/she have to talk in front of the class	Never	Sometimes	Often	Always
39. My child's heart suddenly starts to beat too quickly for no reason	Never	Sometimes	Often	Always
40. My child feels like he/she doesn't want to move	Never	Sometimes	Often	Always
41. My child worries that he/she will suddenly get a scared feeling when there is nothing to be afraid of	Never	Sometimes	Often	Always
42. My child has to do some things over and over again (like washing hands, cleaning, or putting things in a certain order)	Never	Sometimes	Often	Always
43. My child feels afraid that he/she will make a fool of him/herself in front of people	Never	Sometimes	Often	Always
44. My child has to do some things in just the right way to stop bad things from happening	Never	Sometimes	Often	Always
45. My child worries when in bed at night	Never	Sometimes	Often	Always
46. My child would feel scared if he/she had to stay away from home overnight	Never	Sometimes	Often	Always
47. My child feels restless	Never	Sometimes	Often	Always



## EXPERIENCE OF SERVICE QUESTIONNAIRE

Day services (Parent or Carer)

Please think about the appointments you, your child and/or your family have had at this service or clinic.

For each item, please tick the box that best describes what you think or feel about the service (e.g. ☒).

	Certainly True	Partly True	Not True	Don't know	
I feel that the people who have seen my child listened to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	?	1
It was easy to talk to the people who have seen my child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	?	2
I was treated well by the people who have seen my child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	?	3
My views and worries were taken seriously	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	?	4
I feel the people here know how to help with the problem I came for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	?	5
I have been given enough explanation about the help available here	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	?	6
I feel that the people who have seen my child are working together to help with the problem(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	?	7
The facilities here are comfortable (e.g. waiting area)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	?	8
The appointments are usually at a convenient time (e.g. don't interfere with work, school)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	?	9
It is quite easy to get to the place where the appointments are	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	?	10
If a friend needed similar help, I would recommend that he or she come here	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	?	11
Overall, the help I have received here is good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	?	12

PLEASE TURN OVER...

What was really good about your care?

13

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Was there anything you didn't like or anything that needs improving?

14

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Is there anything else you want to tell us about the service you received?

15

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Child's age:	_____	Child's gender:	Female <input type="checkbox"/>	Male <input type="checkbox"/>
Child's ethnicity:	White <input type="checkbox"/>	Black/Black British <input type="checkbox"/>	Asian/Asian British <input type="checkbox"/>	
	Mixed <input type="checkbox"/>	Other <input type="checkbox"/>		
Is your child registered disabled (e.g. hearing-impaired)?			No <input type="checkbox"/>	Yes <input type="checkbox"/>

If you don't want to take part, please tick this box ☐ and return the blank questionnaire in the envelope provided.

## THANK YOU FOR YOUR HELP

Now place this form in the envelope provided and put it in the box marked CHI in the reception

### For administration purposes

Trust: \_\_\_\_\_  
Service: \_\_\_\_\_ Code: \_\_\_\_\_  
Tier: \_\_\_\_\_ DB No: \_\_\_\_\_



# Teacher measures

# Strengths and Difficulties Questionnaire

T4-16

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain or the item seems daft! Please give your answers on the basis of the child's behaviour over the last six months or this school year.

Child's Name .....

Male/Female

Date of Birth.....

	Not True	Somewhat True	Certainly True
Considerate of other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restless, overactive, cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often complains of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares readily with other children (treats, toys, pencils etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often has temper tantrums or hot tempers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rather solitary, tends to play alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally obedient, usually does what adults request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many worries, often seems worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has at least one good friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often fights with other children or bullies them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often unhappy, down-hearted or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally liked by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easily distracted, concentration wanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nervous or clingy in new situations, easily loses confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often lies or cheats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Picked on or bullied by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often volunteers to help others (parents, teachers, other children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thinks things out before acting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steals from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gets on better with adults than with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many fears, easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sees tasks through to the end, good attention span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any other comments or concerns?

**Please turn over - there are a few more questions on the other side**

Overall, do you think that this child has difficulties in one or more of the following areas: emotions, concentration, behaviour or being able to get on with other people?

No	Yes- minor difficulties	Yes- definite difficulties	Yes- severe difficulties
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered "Yes", please answer the following questions about these difficulties:

- How long have these difficulties been present?

Less than a month	1-5 months	6-12 months	Over a year
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Do the difficulties upset or distress the child?

Not at all	Only a little	Quite a lot	A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Do the difficulties interfere with the child's everyday life in the following areas?

	Not at all	Only a little	Quite a lot	A great deal
PEER RELATIONSHIPS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLASSROOM LEARNING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Do the difficulties put a burden on you or the class as a whole?

Not at all	Only a little	Quite a lot	A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature .....

Date .....

Class Teacher/Form Tutor/Head of Year/Other (please specify:)

**Thank you very much for your help**

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# Strengths and Difficulties Questionnaire

**T4-16**  
FOLLOW-UP

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain or the item seems daft! Please give your answers on the basis of the child's behaviour **over the last month**.

Child's Name .....

Male/Female

Date of Birth.....

	Not True	Somewhat True	Certainly True
Considerate of other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restless, overactive, cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often complains of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares readily with other children (treats, toys, pencils etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often has temper tantrums or hot tempers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rather solitary, tends to play alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally obedient, usually does what adults request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many worries, often seems worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has at least one good friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often fights with other children or bullies them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often unhappy, down-hearted or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally liked by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easily distracted, concentration wanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nervous or clingy in new situations, easily loses confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often lies or cheats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Picked on or bullied by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often volunteers to help others (parents, teachers, other children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thinks things out before acting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steals from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gets on better with adults than with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many fears, easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sees tasks through to the end, good attention span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any other comments or concerns?

**Please turn over - there are a few more questions on the other side**

Since coming to the clinic, are the child's problems:

Much worse	A bit worse	About the same	A bit better	Much better
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has coming to the clinic been helpful in other ways, e.g. providing information or making the problems more bearable?

Not at all	Only a little	Quite a lot	A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Over the last month, has the child had difficulties in one or more of the following areas: emotions, concentration, behaviour or being able to get on with other people?

No	Yes-minor difficulties	Yes-definite difficulties	Yes-severe difficulties
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered "Yes", please answer the following questions about these difficulties:

- Do the difficulties upset or distress the child?

Not at all	Only a little	Quite a lot	A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Do the difficulties interfere with the child's everyday life in the following areas?

	Not at all	Only a little	Quite a lot	A great deal
PEER RELATIONSHIPS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLASSROOM LEARNING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Do the difficulties put a burden on you or the class as a whole?

Not at all	Only a little	Quite a lot	A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature .....

Date .....

Class Teacher/Form Tutor/Head of Year/Other (please specify):

**Thank you very much for your help**

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# Scoring the measures

## Scoring the Self-Report Strengths and Difficulties Questionnaire

The 25 items in the SDQ comprise 5 scales of 5 items each. It is usually easiest to score all 5 scales first before working out the total difficulties score. Somewhat True is always scored as 1, but the scoring of Not True and Certainly True varies with the item, as shown below scale by scale. For each of the 5 scales the score can range from 0 to 10 if all 5 items were completed. Scale score can be prorated if at least 3 items were completed.

<b>Emotional Symptoms Scale</b>	Not True	Somewhat True	Certainly True
I get a lot of headaches, stomach-aches or sickness	0	1	2
I worry a lot	0	1	2
I am often unhappy, downhearted or tearful	0	1	2
I am nervous in new situations	0	1	2
I have many fears, I am easily scared	0	1	2

<b>Conduct Problems Scale</b>	Not True	Somewhat True	Certainly True
I get very angry and often lose my temper	0	1	2
I usually do as I am told	2	1	0
I fight a lot	0	1	2
I am often accused of lying or cheating	0	1	2
I take things that are not mine	0	1	2

<b>Hyperactivity Scale</b>	Not True	Somewhat True	Certainly True
I am restless. I cannot stay still for long	0	1	2
I am constantly fidgeting or squirming	0	1	2
I am easily distracted	0	1	2
I think before I do things	2	1	0
I finish the work I am doing	2	1	0

<b>Peer Problems Scale</b>	Not True	Somewhat True	Certainly True
I am usually on my own	0	1	2
I have one good friend or more	2	1	0
Other people my age generally like me	2	1	0
Other children or young people pick on me	0	1	2
I get on better with adults than with people my age	0	1	2

<b>Prosocial Scale</b>	Not True	Somewhat True	Certainly True
I try to be nice to other people	0	1	2
I usually share with others	0	1	2
I am helpful if someone is hurt, upset or feeling ill	0	1	2
I am kind to younger children	0	1	2
I often volunteer to help others	0	1	2

### **The Total Difficulties Score:**

is generated by summing the scores from all the scales except the prosocial scale. The resultant score can range from 0 to 40 (and is counted as missing if one of the component scores is missing).

## Interpreting Symptom Scores and Defining "Caseness" from Symptom Scores

Although SDQ scores can often be used as continuous variables, it is sometimes convenient to classify scores as normal, borderline and abnormal. Using the bandings shown below, an abnormal score on the total difficulties score can be used to identify likely "cases" with mental health disorders. This is clearly only a rough-and ready method for detecting disorders – combining information from SDQ symptom and impact scores from multiple informants is better, but still far from perfect. Approximately 10% of a community sample scores in the abnormal band on any given score, with a further 10% scoring in the borderline band. The exact proportions vary according to country, age and gender – normative SDQ data are available from the web site. You may want to adjust banding and caseness criteria for these characteristics, setting the threshold higher when avoiding false positives is of paramount importance, and setting the threshold lower when avoiding false negatives is more important.

### Self Completed

	Normal	Borderline	Abnormal
Total Difficulties Score	0 - 15	16 - 19	20 - 40
Emotional Symptoms Score	0 - 5	6	7 - 10
Conduct Problems Score	0 - 3	4	5 - 10
Hyperactivity Score	0 - 5	6	7 - 10
Peer Problems Score	0 - 3	4 - 5	6 - 10
Prosocial Behaviour Score	6 - 10	5	0 - 4

## Generating and Interpreting Impact Scores

When using a version of the SDQ that includes an "Impact Supplement", the items on overall distress and social impairment can be summed to generate an impact score that ranges from 0 to 10.

	Not at all	Only a little	Quite a lot	A great deal
Difficulties upset or distress me	0	0	1	2
Interfere with HOME LIFE	0	0	1	2
Interfere with FRIENDSHIPS	0	0	1	2
Interfere with CLASSROOM LEARNING	0	0	1	2
Interfere with LEISURE ACTIVITIES	0	0	1	2

Responses to the questions on chronicity and burden to others are not included in the impact score. When respondents have answered "no" to the first question on the impact supplement (i.e. when they do not perceive themselves as having any emotional or behavioural difficulties), they are not asked to complete the questions on resultant distress or impairment; the impact score is automatically scored zero in these circumstances.

Although the impact scores can be used as continuous variables, it is sometimes convenient to classify them as normal, borderline or abnormal: a total impact score of 2 or more is abnormal; a score of 1 is borderline; and a score of 0 is normal.



## Young Persons-CORE (YP-CORE/CORE-10)

There are 10 questions on the YP-CORE/CORE-10, each of which the client can choose one response from to indicate how they have been feeling over the last week:

- Not at all
- Only occasionally
- Sometimes
- Often
- Most or all of the time

Each of these responses are allocated a score between 0 and 4 which are clearly labelled on the YP- CORE. Once the client has given a response for all 10 questions, a score of between 0 and 4 is recorded for each question. These 10 scores are then added to give a total out of 40.

**NOTE: Where there are missing data, the clinical score is derived by calculating the total mean score (dividing the total score by the number of completed items) and multiplying by 10. Re-scaling the clinical score is not recommended if more than one item is missing.**

## Goals and Goal Based Outcomes (GBOs)

The goals are collaboratively set between counsellor and service user. On a scale of 0–10 (see scale below) the service user will decide how far towards achieving the goal they feel they are.

- 0 Goal not at all met
- 5 half way to achieving the goal
- 10 Goal reached

Therefore, each goal will be allocated its own score out of 10. When next measuring the same goals, each goal can be measured against the existing score allowing the counsellor to measure the progress made for each goal.

For example, a service user may have set a goal of 'having more self-confidence'. When first measuring this goal they might have given a 2. When revisiting this goal after a period of counselling they might have scored it an 8.

The average (mean) score across all of the goals identified (usually 3) by a client is calculated at each time point by adding up the score for each goal and dividing by the number of goals identified. This allows a comparison of the change over time to be calculated across clients.

## Revised Children's Anxiety and Depression Scale (RCADS)

Use this scoring guide for both the self-report and the parent measures

To score the RCADS, each item is assigned a numerical value from 0-3, where:

- 0 = Never
- 1 = Sometimes
- 2 = Often
- 3 = Always

For each subscale, add the numerical values for each item together. The items that comprise each subscale are listed below and are clearly labelled on the scoring sheet. For example, for Generalized Anxiety you would add the numerical values for items 1, 13, 22, 27, 35, and 37. Thus, the highest score possible is 18, the lowest 0.

Disorder/Syndrome	Related Items
Social Phobia	4, 7, 8, 12, 20, 30, 32, 38, 43
Panic Disorder	3, 14, 24, 26, 28, 34, 36, 39, 41
Major Depression	2, 6, 11, 15, 19, 21, 25, 29, 40, 47
Separation Anxiety	5, 9, 17, 18, 33, 45, 46
Generalized Anxiety	1, 13, 22, 27, 35, 37
Obsessive-Compulsive	10, 16, 23, 31, 42, 44

## RCADS scoring

	Never	Sometimes	Often	Always						
1. I worry about things . . . . . .....	0	1	2	3	GA					
2. I feel sad or empty . . . . . .....	0	1	2	3		MD				
3. When I have a problem, I get a funny feeling in my stomach . . . . . .....	0	1	2	3			PD			
4. I worry when I think I have done poorly at something . . . . . .....	0	1	2	3				SP		
5. I would feel afraid of being on my own at home	0	1	2	3					SA	
6. Nothing is much fun anymore . . . . . .....	0	1	2	3		MD				
7. I feel scared when I have to take a test . .....	0	1	2	3				SP		
8. I feel worried when I think someone is angry with me . . . . . .....	0	1	2	2				SP		
9. I worry about being away from my parents . . . .	0	1	2	3					SA	
10. I get bothered by bad or silly thoughts or pictures in my mind . . . . . .....	0	1	2	3						OC
11. I have trouble sleeping . . . . . .....	0	1	2	3			PD			
12. I worry that I will do badly at my school work . .	0	1	2	3				SP		
13. I worry that something awful will happen to someone in my family . . . . . .....	0	1	2	3	GA					
14. I suddenly feel as if I can't breathe when there is no reason for this . . . . . .....	0	1	2	3			PD			
15. I have problems with my appetite . . . . .....	0	1	2	3		MD				
16. I have to keep checking that I have done things right (like the switch is off, or the door is locked) . . . . . .....	0	1	2	2						OC
17. I feel scared if I have to sleep on my own. . . . .	0	1	2	3					SA	

18. I have trouble going to school in the mornings because I feel nervous or afraid .....	0	1	2	3					SA	
19. I have no energy for things .....	0	1	2	3	MD					
20. I worry I might look foolish .....	0	1	2	3				SP		
21. I am tired a lot .....	0	1	2	3	MD					
22. I worry that bad things will happen to me .....	0	1	2	3	GA					
23. I can't seem to get bad or silly thoughts out of my head. ....	0	1	2	3	OC					
24. When I have a problem, my heart beats really fast .....	0	1	2	2			PD			
25. I cannot think clearly .....	0	1	2	3	MD					
26. I suddenly start to tremble or shake when there is no reason for this .....	0	1	2	3			PD			
27. I worry that something bad will happen to me ..	0	1	2	3	GA					
28. When I have a problem, I feel shaky ..	0	1	2	3			PD			
29. I feel worthless .....	0	1	2	3	MD					
30. I worry about making mistakes .....	0	1	2	3				SP		
31. I have to think of special thoughts (like numbers or words) to stop bad things from happening. ...	0	1	2	3	OC					
32. I worry what other people think of me ..	0	1	2	2				SP		
33. I am afraid of being in crowded places (like shopping centers, the movies, buses, busy playgrounds) .....	0	1	2	3	SA					
34. All of a sudden I feel really scared for no reason at all .....	0	1	2	3			PD			
35. I worry about what is going to happen ..	0	1	2	3	GA					
36. I suddenly become dizzy or faint when there is no reason for this .....	0	1	2	3			PD			

37. I think about death . . . . . .....	0	1	2	3	GA					
38. I feel afraid if I have to talk in front of my class	0	1	2	3				SP		
39. My heart suddenly starts to beat too quickly for no reason . . . . . .....	0	1	2	3	PD					
40. I feel like I don't want to move . . . . . .....	0	1	2	2		MD				
41. I worry that I will suddenly get a scared feeling when there is nothing to be afraid of . . . . .	0	1	2	3	PD					
42. I have to do some things over and over again (like washing my hands, cleaning or putting things in a certain order) . . . . .	0	1	2	3						OC
43. I feel afraid that I will make a fool of myself in front of people . . . . . .....	0	1	2	3	SP					
44. I have to do some things in just the right way to stop bad things from happening . . . . .	0	1	2	3						OC
45. I worry when I go to bed at night . . . . . .....	0	1	2	3	SA					
46. I would feel scared if I had to stay away from home overnight . . . . . .....	0	1	2	3					SA	
47. I feel restless . . . . . .....	0	1	2	3	MD					

## Rosenberg Self-Esteem Scale (Rosenberg, 1965)

The scale is a ten item Likert scale with items answered on a four point scale - from strongly agree to strongly disagree. The original sample for which the scale was developed consisted of 5,024 High School Juniors and Seniors from 10 randomly selected schools in New York State.

Instructions: Below is a list of statements dealing with your general feelings about yourself. If you strongly agree, circle **SA**. If you agree with the statement, circle **A**. If you disagree, circle **D**. If you strongly disagree, circle **SD**.

1.	On the whole, I am satisfied with myself.	SA	A	D	SD
2.*	At times, I think I am no good at all.	SA	A	D	SD
3.	I feel that I have a number of good qualities.	SA	A	D	SD
4.	I am able to do things as well as most other people.	SA	A	D	SD
5.*	I feel I do not have much to be proud of.	SA	A	D	SD
6.*	I certainly feel useless at times.	SA	A	D	SD
7.	I feel that I'm a person of worth, at least on an equal plane with others.	SA	A	D	SD
8.*	I wish I could have more respect for myself.	SA	A	D	SD
9.*	All in all, I am inclined to feel that I am a failure.	SA	A	D	SD
10.	I take a positive attitude toward myself.	SA	A	D	SD

Scoring: SA=3, A=2, D=1, SD=0. Items with an asterisk are reverse scored, that is, SA=0, A=1, D=2, SD=3. Sum the scores for the 10 items. The higher the score, the higher the self esteem.

The scale may be used without explicit permission. The author's family, however, would like to be kept informed of its use:

The Morris Rosenberg Foundation  
c/o Department of Sociology  
University of Maryland  
2112 Art/Soc Building  
College Park, MD 20742-1315

## References

References with further characteristics of the scale:

- Crandal, R. (1973). The measurement of self-esteem and related constructs, Pp. 80-82 in J.P. Robinson & P.R. Shaver (Eds), **Measures of social psychological attitudes. Revised edition**. Ann Arbor: ISR.
- Rosenberg, M. (1965). **Society and the adolescent self-image**. Princeton, NJ: Princeton University Press.
- Wylie, R. C. (1974). **The self-concept. Revised edition**. Lincoln, Nebraska: University of Nebraska Press.



## Outcome rating scale and Child outcome rating scale

Marks closer to the left ('frowny' face on CORS) indicate lower levels of wellbeing and those closer to the right ('smiley' face on CORS) higher levels. Using a ruler the counsellor totals the score (between 0 and 10 for each item) and adds it to a graph, with session numbers along the X axis and ORS/CORS score out of 40 along the Y axis. The measure is designed as a clinical as well as outcome tool and the score is used as the basis for a therapeutic conversation about changes since the previous session etc. It is also a tool for planning the content of the session in hand.

The validation study for ORS/CORS established clinical cut-offs for each measure. For young people 12 and up using ORS the cut-off is 28 i.e. a score of 27/40 or lower indicates 'clinical distress'. For children using CORS the cut-off is 32, i.e. a score of 31 or lower indicates 'clinical distress'. When working with children caretakers also complete the measure pre- and post-counselling and the cut-off here is 28/40.

## Scoring the Chi-ESQ

### (9–11 years)

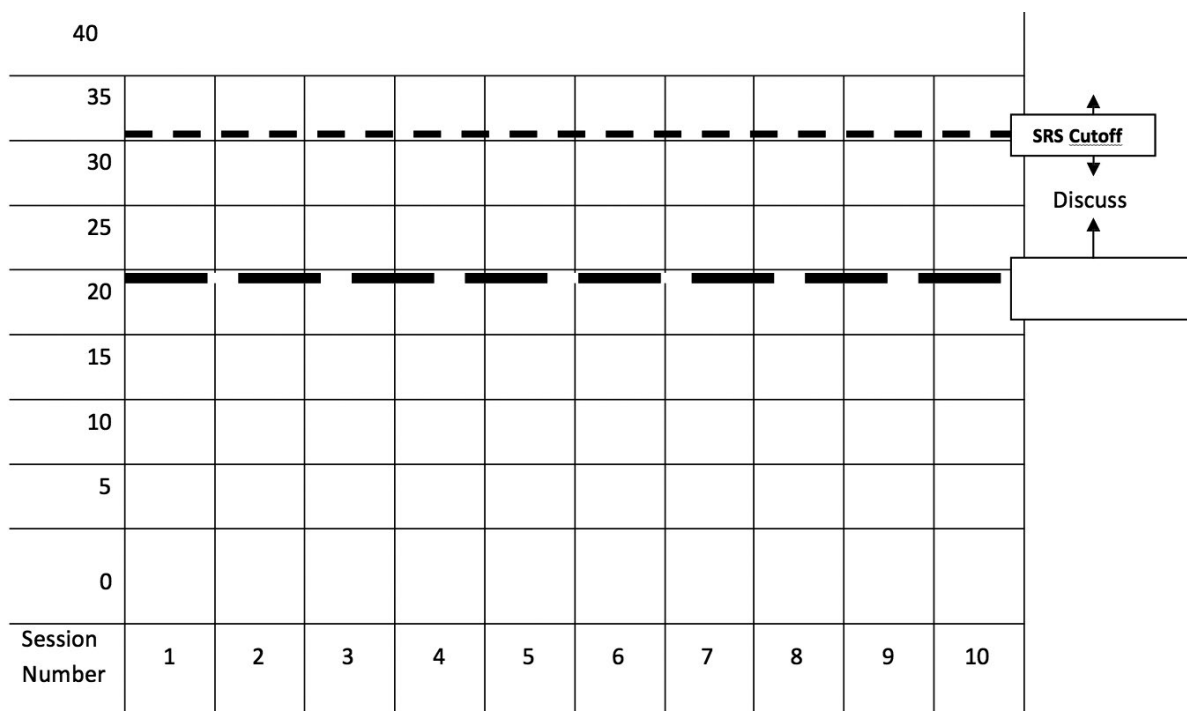
Score each item as follows:

Yes = 3  
Only a little = 2  
Not really = 1

### (12–18 years)

Score each item as follows:

Certainly True = 3  
Partly True = 2  
Not True = 1



## Scoring the Informant-Rated Strengths and Difficulties Questionnaire

The 25 items in the SDQ comprise 5 scales of 5 items each. It is usually easiest to score all 5 scales first before working out the total difficulties score. Somewhat True is always scored as 1, but the scoring of Not True and Certainly True varies with the item, as shown below scale by scale. For each of the 5 scales the score can range from 0 to 10 if all 5 items were completed. Scale score can be prorated if at least 3 items were completed.

<b><u>Emotional Symptoms Scale</u></b>	Not True	Somewhat True	Certainly True
Often complains of headaches, stomach-aches ...	0	1	2
Many worries, often seems worried	0	1	2
Often unhappy, downhearted or tearful	0	1	2
Nervous or clingy in new situations ...	0	1	2
Many fears, easily scared	0	1	2

<b><u>Conduct Problems Scale</u></b>	Not True	Somewhat True	Certainly True
Often has temper tantrums or hot tempers	0	1	2
Generally obedient, usually does what ...	2	1	0
Often fights with other children or bullies them	0	1	2
Often lies or cheats	0	1	2
Steals from home, school or elsewhere	0	1	2

<b><u>Hyperactivity Scale</u></b>	Not True	Somewhat True	Certainly True
Restless, overactive, cannot stay still for long	0	1	2
Constantly fidgeting or squirming	0	1	2
Easily distracted, concentration wanders	0	1	2
Thinks things out before acting	2	1	0
Sees tasks through to the end, good attention span	2	1	0

<b><u>Peer Problems Scale</u></b>	Not True	Somewhat True	Certainly True
Rather solitary, tends to play alone	0	1	2
Has at least one good friend	2	1	0
Generally liked by other children	2	1	0
Picked on or bullied by other children	0	1	2
Gets on better with adults than with other children	0	1	2

<b><u>Prosocial Scale</u></b>	Not True	Somewhat True	Certainly True
Considerate of other people's feelings	0	1	2
Shares readily with other children	0	1	2
Helpful if someone is hurt, upset or feeling ill	0	1	2
Kind to younger children	0	1	2
Often volunteers to help others	0	1	2

### **The Total Difficulties Score:**

is generated by summing the scores from all the scales except the prosocial scale. The resultant score can range from 0 to 40 (and is counted as missing if one of the component scores is missing).

## Interpreting Symptom Scores and Defining "Caseness" from Symptom Scores

Although SDQ scores can often be used as continuous variables, it is sometimes convenient to classify scores as normal, borderline and abnormal. Using the bandings shown below, an abnormal score on one or both of the total difficulties scores can be used to identify likely "cases" with mental health disorders. This is clearly only a rough-and-ready method for detecting disorders – combining information from SDQ symptom and impact scores from multiple informants is better, but still far from perfect. Approximately 10% of a community sample scores in the abnormal band on any given score, with a further 10% scoring in the borderline band. The exact proportions vary according to country, age and gender – normative SDQ data are available from the web site. You may want to adjust banding and caseness criteria for these characteristics, setting the threshold higher when avoiding false positives is of paramount importance, and setting the threshold lower when avoiding false negatives is more important.

	Normal	Borderline	Abnormal
<b>Parent Completed</b>			
Total Difficulties Score	0 - 13	14 - 16	17 - 40
Emotional Symptoms Score	0 - 3	4	5 - 10
Conduct Problems Score	0 - 2	3	4 - 10
Hyperactivity Score	0 - 5	6	7 - 10
Peer Problems Score	0 - 2	3	4 - 10
Prosocial Behaviour Score	6 - 10	5	0 - 4
<b>Teacher Completed</b>			
Total Difficulties Score	0 - 11	12 - 15	16 - 40
Emotional Symptoms Score	0 - 4	5	6 - 10
Conduct Problems Score	0 - 2	3	4 - 10
Hyperactivity Score	0 - 5	6	7 - 10
Peer Problems Score	0 - 3	4	5 - 10
Prosocial Behaviour Score	6 - 10	5	0 - 4

## Generating and Interpreting Impact Scores

When using a version of the SDQ that includes an "Impact Supplement", the items on overall distress and social impairment can be summed to generate an impact score that ranges from 0 to 10 for the parent-completed version and from 0-6 for the teacher-completed version.

	Not at all	Only a little	Quite a lot	A great deal
<b>Parent report</b>				
Difficulties upset or distress child	0	0	1	2
Interfere with HOME LIFE	0	0	1	2
Interfere with FRIENDSHIPS	0	0	1	2
Interfere with CLASSROOM LEARNING	0	0	1	2
Interfere with LEISURE ACTIVITIES	0	0	1	2
<b>Teacher report</b>				
Difficulties upset or distress child	0	0	1	2
Interfere with PEER RELATIONSHIPS	0	0	1	2
Interfere with CLASSROOM LEARNING	0	0	1	2

Responses to the questions on chronicity and burden to others are not included in the impact score. When respondents have answered "no" to the first question on the impact supplement (i.e. when they do not perceive the child as having any emotional or behavioural difficulties), they are not asked to complete the questions on resultant distress or impairment; the impact score is automatically scored zero in these circumstances.

Although the impact scores can be used as continuous variables, it is sometimes convenient to classify them as normal, borderline or abnormal: a total impact score of 2 or more is abnormal; a score of 1 is borderline; and a score of 0 is normal.





